MSAD 75 JICK E-1 (Bullying and Cyberbullying) Reporting Form

Bullying or suspected bullying is reportable in person or in writing (including anonymously) to MSAD 75 school personnel. Upon the digital completion of this form, the form will automatically be submitted to the designated school or administrative office

Please Note: If you desire to submit this form <u>anonymously</u>, please download a paper copy of the form and deliver or mail it to your school or administrative office.

Date the alleged incident of bullying is being reported:

Person(s) reporting the alleged incident(s) of bullying (this is optional as reports can be made anonymously, except when incidents are reported by staff, coaches, or advisors):

Person(s) completing this form (*if different than person listed above and not anonymously reporting*):

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Person reporting is:				
2 0	☐ Student			
	☐ Parent or Guardian			
	☐ Grandparent			
	☐ School Staff			
	☐ Coach			
	☐ Advisor			
	☐ Other (<i>please specify</i>)			
Contact information of person reporting (optional):				
Home Phone:	Cell Phone:	Work phone:		
Email:				
Home Address:				

Incident Details

Name of student(s) who is believed to have been bullied:
Name of the student(s) or adult(s) who is alleged to have bullied:
Date(s) of alleged bullying:
Time(s) of day of alleged bullying:
Location(s) of alleged bullying:
Were there any witnesses of the alleged bullying?
May the school personnel conducting an investigation contact these witnesses?
If yes, please provide names of witnesses to be contacted during the investigation:
Please provide a description of the incident(s). You may upload any supporting documentation:
Do you have additional documentation to attach to this form?

belief.		
Signature of Person Reporting (opt	ional if submitting on paper)	Date Signed
**************************************	**************************************	*******
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Internal Step 1 – To be completed	by the Original Form Recipient	
Form Originally Received by:	Position or T	itle:
Date the form was originally receive	/ed:	
I certify that this form was provided	d to the school principal or designee o	on this date:
Signature of Original Form Recipie	ent:	_
Internal Step 2 – To be completed	by the School Principal or Designee	
School Principal or Designee Name	2 :	
Date the form was originally receiv		
I certify that I received a copy of th	is form on this date:	
	esignee:	
Internal Step 3 – To be completed	by the School Principal or Designee	
I certify that on the date	, I informed the parent(s) or g	guardian(s) of the
involved students about the submis.	sion of this form, and notified them the	at an initial
investigation into a peer conflict w	ill occur.	
Signature of School Principal or Do	esignee:	
Visit link75.org for access to the JI	CK-E2 Form.	

I agree that the information on this form is accurate and true to the best of my knowledge and